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Glance Stealing and Dissociation: A Long-term Psychotherapy Case

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Abstract

Depersonalization is one of the symptoms of dissociative disorder, which usually occurs in adolescence. It is a chronic condition of detachment from self and surrounding. The main purpose of this research is to analyze a long-term psychotherapy case in order to explore the transformation of the client's problems during the process and the progress of therapy. This research adopts the method of narrative analysis of the qualitative research. The client is a 20-year-old male junior student in college. The symptoms of panic, depersonalization, and derealization coexist. The client has received psychotherapy once a week from 2008 to 2010 for 57 therapy sessions in total. The recordings of the therapy sessions are transcribed and coded for the analysis of the client's transformation during the process of psychotherapy. The results of this research show that the level of the client's anxiety was lowered after psychotherapy. He was given a chance to express and integrate the negative feelings in the relationships. He had lessened the discussion on symptoms and shifted the focus to interpersonal relationships.

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1. Introduction

There are many studies about dissociative experience of common people and they find the prevalence is between 5% and 11% (Aderibigbe, Bloch, & Walker, 2001). Dissociation is one of the symptoms of psychosis, which compromises the functions of consciousness, memory, identity, and the perception of environment. The frequency and severity of dissociative experience have a wide range of distribution. It ranges from the common experience of daydreaming to abnormal symptoms, such as Schizophrenia, Affective Disorders, Panic Disorder, PTSD, drug abuse, and Personality Disorders.

Currently, there are five recognized Dissociative Disorders, including Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Depersonalization Disorder, and Dissociative Disorder not otherwise specified. Among those, Depersonalization Disorder is less understood and often generates debates over diagnosis and treatment (Jacobs, &

Bovasso, 1992). Ludovic Duges, a psychiatrist, was the first person to give a full description on Depersonalization Disorder in 1898. Patients with Depersonalization Disorder often describe the outside world as weird and unrealistic, and they sometimes feel like an outside observer. The prevalence of depersonalization is 2.4%. It is not unusual to experience depersonalization temporarily, especially under pressure, fatigue, and the effect of drugs.

It is not unusual for the common people to have depersonalized experience (Trueman, 1984). The prevalence of such experience is 1%-2% (Phillips, Hunter, Baker, Medford, Sierra-Siebert, & David, 2003; Simeon, 2004; Sugiura, Hirose, Tanaka, Nishi, Yamada, & Mizuno, 2009). Depersonalization is an uncomfortable perception and a change of the self-experience. The major characteristic of depersonalization is the sense of separation from one's self and being an outside observer of one's mind. Depersonalization usually occurs around the age of sixteen with the same ratio in male and female. The average onset age is 22.8 year-old and the condition will last for about 14 years.

Depersonalization usually co-occurs with derealization. It is a type of Dissociative Disorder, where the individual feels to be far away from the outside world. It often comorbid with Anxiety Disorder or Depression. It is typical for the depersonalized individuals to have chronic process, which often related to immature defense, childhood interpersonal trauma, and emotional abuse. Depersonalization is considered a rare disorder, which is scarcely diagnosed. Depersonalization is frequently misdiagnosed as Anxiety Disorder or Depression for 7-10 years before the correct diagnosis is given (Simeon, 2004).

This research explores the compulsive behavior of glance stealing and its dissociative connotation, and the phases and changes of the therapeutic process by analyzing the verbatim of Mr. Zheng Yi's long-term psychotherapy sessions. It is anticipated that the results of this research will provide an insight for the practitioners of psychotherapy and the researchers of the related fields.

2. Literature Review

Dissociative Disorders have been studied for many years, yet there are only limited amount of literature available. Dissociation is close related to consciousness, conflicts, and the integrity of self. In the process of dissociation, an individual's perception of body, mind, behavior, and emotion might all change. The research result of Aderibigbe, Bloch, & Walker (2001) shows that 19.1% of the people had experienced depersonalization and 14.4% had experienced derealization. Other studies find that migraine is related to depersonalization. Depersonalization could also be caused by injury, stroke, migraine, and Organic Disorders (Chi, Change, & Chen, 2010; Cahill, & Murphy, 2004).

Baker, Earle, Medford, Sierra, Towell, & David (2007) investigates 80 patients with Depersonalization Disorder and finds that most of them had negative perception of the disorder. The patients attributed the cause of the disorder to psychological and physiological factors and their description of symptoms was often psychological. Half of the 80 patients believed the disorder were caused by physiological changes of the brain. The severity of the disorder is correlated to the identification with the disorder, psychological attributes, and depression. The higher the identification with the disorder, psychological attributes, and depression, the severer the Depersonalization Disorder.

Montagne, Sierra, Medford, Hunter, Baker, & Kessels, Hann, & David (2007) and Neziroglu, & Donnelly (2010) both find the patients with Depersonalization Disorder to be less sensitive to the facial expression of anger and the condition of depressive symptoms did not make any difference in the lack of this ability. Hunter (2003) proposes a cognitive model for Depersonalization Disorder. It suggests that an individual could misjudge the cause of the disorder while he/she is unable to reduce the anxiety and stress and thus develops a chronic state of monitoring symptoms. The constant monitoring of the symptoms could lead to hyper vigilance that causes the individual to watch even the slightest physical or psychological change. Without proper diagnosis and treatment, Soffer-Nudek (2010) suggests, the patients with Depersonalization Disorder would experience more and more symptoms, such as Panic Disorder, Obsessive-Compulsive Disorder, and Depression. Aardema, & Wu (2010) also finds a correlation between dissociation and OCD. The research of Khazaal, Preisig, & Zullino (2005) finds a patient who displayed the dissociative symptom of out-of-body experience and OCD in only half of the body, which was named Hem-Depersonalization Syndrome. Compulsive Personality Disorder is different from OCD. The former will change according to the various scenarios. The individuals with OCD have specific thoughts or rituals rooted in their consciousness, which is the result of the operating subconsciousness. The patients consider the ritual behavior

unreasonable, yet they are unable to reduce the anxiety level (Ingram, 2005).

Depersonalization is considered a subjective experience. It is hard to be expressed verbally, and thus can be easily misdiagnosed. At present, a few self-assessment scales have been developed for the better evaluation of the disorder (Cox, & Swinson, 2002; Simeon, Guralnik, & Schmeidler, 2001; Sugiura, Hirosawa, Tanaka, Nishi, Yamada, & Mizuno, 2009).

In practice, the treatments of Depersonalization Disorder are mainly medication and psychotherapy (Cohen, 2004; Price, 2011). Some psychotherapy techniques are applied to the individuals with Depersonalization, including trauma therapy and cognitive behavioral therapy (Hussain, & Bhushan, 2011; Loughnan, Haslam, Murnane, Vaes, Reynolds, & Suitner, 2010; Simeon, 2004). Depersonalization often occurs under life threatening pressure. Yet the continuous and repeated depersonalization is usually related to extreme pain and damage. Severity of the symptoms depends on whether the symptoms are induced by medication or psychological factors. The frequency of episode depends on the environment or mood. The research of Zanarini, Frankenburg, Jager-Hyman, Reich, & Fitzmaurice (2008) tracks the patients with Borderline Personality Disorder and finds that the severity of dissociation is significantly reduced after five and ten years respectively. Each episode could last for hours, months, or even years. Depersonalization often comorbid with Borderline Personality Disorder, Avoidance Personality Disorder, and Obsessive-Compulsive Disorder. Individuals with Depersonalization Disorder had often suffered severe emotional trauma in their childhood. Severe Dissociation Identity Disorder might be caused by childhood sexual or physical abuse (Guralnik, & Simeon, 2010; Sutton, 2004). Traumatic stress in the later stage of life, such as encounter of traumatic death, suicide of closed family or friend, or severe interpersonal or adaptation conflicts, could also cause Depersonalization Disorder.

3. Methodology

This research adopts the method of case study. The client, Zheng Yi, is a 20-year-old male and a junior student in college. He had received the diagnosis and medication from a psychiatrist, and was later referred to psychotherapy. The client had received psychotherapy once a week from 2008 to 2010 for 57 therapy sessions in total. The therapist is a Chinese female who has practiced counseling and psychotherapy for over a decade. The therapy orientation is psychodynamic. The researcher and two graduate students in master program have transcribed the recordings of the therapy sessions into verbatim for analysis.

4. Research Results

4.1 Family Relations

Zheng Yi's parents were both farmers. He was the only son in the family with two older sisters and a younger sister. His parents preferred son to daughters and frequently asked Zheng's oldest sister, who is four or five years older, to take care of him. The client realized that he had developed a habit of glancing people stealthily and suffered from panic attacks, depersonalization, and derealization simultaneously. Depersonalization occurred when the client's panic attacks triggered the dissociation. Zheng had suicidal tendency during vocational high school and had started seeking help during college.

4.2 Self-concept

Zheng Yi considered himself ugly, greedy, mean, unfaithful, and frightened easily, and felt unappreciated. Zheng had low self-esteem because he felt he had ugly appearance and ugly handwriting. He was the tallest student in the junior high school and thus felt like a monster or a peculiar creature. In order to fit in, he constantly hunched his back. Zheng did not consider his height an advantage. He was not good at basketball and was a slow runner. The serious back pain resulted from the constant hunch had made Zheng Yi hated his height even more. Zheng had very low self-esteem because of his habit of glance stealing and he was afraid that people would notice it. As a result, he did not like to go to class or participate in any social occasions.

4.3 Life Disturbances

Fear and control were two major disturbances in Zheng Yi's life. He was constantly worried about others' opinions of him. Therefore, it made Zheng nervous about possessing of food. He was afraid people would see that he had food and drinks and thus always put his drinks on the ground instead of on the desk. He thus tried not to eat or drink outside.

In the junior high school, Zheng would check the door locks and thus thought he had OCD. He believed that he had to do everything perfectly. He had tried to control urination and had to make sure he urinated. Zheng had high standard in choosing girlfriend and as a result, he had never been in any relationship. Zheng Yi hoped to keep every single thing in control at any single moment, and did not want any unexpected situation to happen.

Zheng was constantly worried about survival. He was afraid that he wouldn't have enough money, wouldn't be able to find a job in the future, would be abandoned by family or friends, and wouldn't be able to find a marriage partner. As the only son, Zheng was also afraid he wouldn't be able to afford his parents. He was afraid to be alone and without any friend. He had once dreamt to be abandoned by family and friend. In the dream, Zheng was kneeling before his standing family, who wanted him to go away.

4.4 Development of Glance Stealing Behavior

There were two impressive incidents for Zheng Yi before he started to steal glance of others. One incident had happened in the night market and the other in the cram school. Zheng Yi once went to the night market with his second eldest sister, where she had a glimpse of a gangster. After they went home, their mother scolded them for it. This was the first time Zheng Yi became aware of the danger of staring at people. At the meantime, Zheng's father had implied that staring at gangster might cause a good beating. Zheng Yi didn't understand why he shouldn't stare at people. It made him want to steal a glance.

The other incident had happened in the cram school while Zheng Yi was in the junior high school. Zheng would stare at people when he wanted to be friends with them. He considered this an extreme method. At that time, Zheng believed if he stared at them, they would talk to him. Zheng had a weird feeling that he did not know if he should look at people while talking to them or not. He was confused about when to look and when not to look.

During the senior year of junior high school, Zheng had stolen glances at his teacher two or three times. It had become a habit in the vocational high school. The glance stealing behavior occurred when Zheng thought of being hurt, thought of being loathed by the people he liked, wanted to draw his friends' attention, worried about his eyes being weird, being in a crowd, or riding motorcycle. When he saw a mean person, he would steal a glance because he was afraid to be beaten. He would check if the person next to him was looking at him while riding motorcycle. He was almost hit by a gravel truck because he was too afraid to check the rearview mirror. He stole glances at people because he was afraid to look at them straight in the face.

Zheng felt nervous, feverish, heartbeat accelerating, trembling, stomachache, and thirsty while stealing glances. He would become very nervous while stealing glances at others. His body would get hot and he would feel even the temperature around him was increasing. When he was getting feverish, he would "wonder whether my body heat would affect the people around me and whether the girl next to me would feel the heat." Zheng Yi thought everyone seemed to know about his glance stealing behavior, and the girl next to him seemed to be able to feel his heartbeat.

Glance stealing had many negative influences on Zheng's life. He became prone to car accident, felt guilty for disturbing the class, became withdrew from social events, slept badly, became desperate and wanted to give himself up, got bad grades because he was cutting classes and was unable to attend classes or the exams. Zheng started making more friends in college and having more desire to go out.

Zheng had taken a few methods to deal with the glance stealing problem. He allowed others to be in charge and shortened the time being out. It helped to know that there were friends who would give him a hand when needed. He avoided getting too tired and told himself to delay the glances. He would talk, sleep, block the line of sight, exercise, wear full-coverage helmet while riding motorcycle, take psychotropic medication, and avoid to sit in the middle seats. One of Zheng's methods to deal with the bad mood after stealing glances was blogging about his troubles or sharing his experience online. For instance, netizens told Zheng that taking medication would help and taught him about a disorder called Peripheral Phobia.

Zheng had turned to his parents for help during junior high school but his mother just told him to cut the whimsical thinking and focus on studying. Zheng had asked to see a doctor trained in Western medicine but his parents had

refused. They believed Zheng was frightened by some supernatural beings and took him to a ritual of frightened soul recalling. Zheng went behind his mother's back and sought the help of psychiatry and psychotherapy during college. In the junior year of college, Zheng told his mother about receiving psychotherapy and his mother seemed to become less resistant to the idea.

4.5 Dissociation

It was often that Zheng did not know where to look while riding motorcycle. He could not tell whether he was in reality or a virtual world. He was worried that he would get lost in an empty or false environment. Zheng had lost the sense of reality about himself and about the world. There was nothing in his control and it frightened him. Zheng had to use the textbooks for his classes but he could not tell "which textbook is real."

At one of the night classes, Zheng had become frightened because he suddenly felt everything around him was unrealistic and virtual. He had worried about not knowing how to talk or respond to people. He said, "I did not feel like myself anymore and it felt like someone else was looking at this space." Zheng had even doubted whether this space existed. For a while, Zheng would suddenly realize during his afternoon classes that he had forgotten how he had spent his mornings. He would feel that he had skipped the mornings and came right to the afternoons.

Zheng took painting classes during junior high school and he had doubted even the most basic techniques. He did not know why it should be painted this or that way. In the last year of junior high school, Zheng suddenly could not understand the terms "Monday" and "Tuesday" written on the blackboard and had to ask his classmates about them. Sometimes, Zheng had difficulties understanding what people were saying.

While watching movies, Zheng would feel that he was being sucked into the films and was dying. His heartbeat would accelerate like in a panic attack. He would feel he was going mad. He had once toured the National Museum of Natural History for the Earth Science Course in junior high school and he had felt like he was being sucked into the scene and was dying. If he kept looking at the people with whom he was talking, he would feel like being sucked in. Sometimes when he was reading, he would suddenly feel he was falling into the books. Zheng considered these feelings ridiculous.

Zheng often felt depressed and irritable. He did not even dare to go out during the vocational high school. He did not want to hurt people and he felt there was no point to be alive. He had wanted to buy the pesticide for suicide but he couldn't find a store. Zheng thought it was horrible to hang himself and it was inappropriate to commit charcoal-burning suicide because his landlord might not be able to rent out the house again after that. He felt that he was going crazy during the vocational high school and he made a great effort to keep himself together.

4.6 Stages and Changes of Therapy

There were a few stages of Zheng Yi's psychotherapy: stage of symptoms description, stage of interpersonal relationship description, stage of familial relationship exploration, stage of discussion of therapeutic relationship, and stage of in-depth self-exploration. Early in the therapy, Zheng had spent most of time describing his symptoms and later on, he shifted the focus to exploring the relationships with others. Zheng felt the therapy had helped him to understand himself better in the early stage of the psychotherapy. Later in the therapy, Zheng had become more relaxed and at ease, and less pressured.

Zheng had worried that the therapist would have a bad impression if he kept talking about food and drinks. He had also worried that the therapist would dislike him or ask him to leave if he did not talk or talk too less. Zheng felt the therapist looking at him with disdain when he said goodbye at the end of the session. He thus believed the therapist loathed him. Zheng often felt the therapist was looking at him, so he constantly stole glances at the therapist. Zheng would steal glance at the therapist during the silent moments. He was afraid that he couldn't say anything but he also couldn't just leave the room. He was afraid the therapist would look at him. He had expressed that he hoped the therapist would say something during the silence.

Zheng realized that he couldn't follow his parents' wishes all the time and he had to establish his own principles of life. Zheng's mother seemed to be less controlling over him now. He believed that his mother wanted him to be independent and he was more capable of thinking independently now. Zheng had understood his parents more now and he had learned to keep his boundary while avoiding the conflicts with his parents.

Zheng now had better relationships with his friends and had felt better about glance stealing. Meanwhile, Zheng

had developed a new explanation about glances and believed this behavior had made him more approachable. In the later stage of the therapy, Zheng started to believe therapy was more effective than blogging at home. Zheng used to repress his thoughts but along with the progress of the therapy, he became worried that he had too many thoughts and that he wouldn't be able to talk about them all within one session. Zheng had become more willing to expose himself and more trusting of the therapeutic relationship.

1.5 Clinical Implications

Zheng Yi, the client of this research, had been disturbed by dissociation and compulsive glance stealing for years before entering therapy. He was not clear about his issues until he took the initiation in college and saw a psychiatrist in the hospital and later been referred to psychotherapy. Jacobs, & Bovasso (1992) and Simeon (2004) both claim that the patients were usually diagnosed with Anxiety Disorder or Depression for 7-10 years before diagnosed with Depersonalization Disorder. As Soffer-Dudek (2014) suggests, Zheng had experienced more and more symptoms and had suffered from Panic Disorder, OCD, and Depression. The studies of Huntjens, Postma, Peter, Woertman, & van der Hart (2003) and Elzinga, Phaf, Ardon, & van Dyck (2003) suggest that dissociative patients often showed signs of memory damages and Zheng had suffered from amnesia.

Zheng had tried to tell his parents about psychotherapy but his mother believed if he diverted his attention from the whimsical thoughts, the problems would go away. Zheng's mother had even taken him to a traditional alternative therapy, where a ritual of frightened soul recalling was performed. Zheng did not believe in Chinese medicine and alternative therapies. Different from the older generations, younger Taiwanese was influenced by Westernized education and scientific thinking and distrusted the traditional folk therapies. The perspective of Zheng's mother was similar to the findings of Yang, Phelan, & Link (2008), where the results showed that Asian Americans considered Chinese medication a less threat of stigmatization and more effective than psychotherapy. McCabe (2007) finds that alternative therapy is effective. Yet Taiwanese teenagers have a change of mind. Zheng had a different perspective from his mother and wanted to accept psychotherapy and take Western medication. However, influenced by Chinese family ethics, he also felt guilty of being unfilial. It is crucial to understand the cultural values of the Chinese clients and provides cultural sensitive therapy accordingly as Kim, Ng, & Ahn (2005) and Roche (2005) suggested.

The therapeutic phases found in this research are differ from the three phases—emotional regulation, emotional outburst, and personalized intervention—proposed by Brand, Myrick, Loewenstein, Classen, Lanius, McNary, Pain, & Putnam (2012). This research finds that in the early stage of therapy, Zheng had focused on symptoms description. Later on, he had shifted the focus to relationships and explored his relationships with family, friends, and even his therapist. At the end of the therapy, Zheng was able to express his perspectives on the symptoms and provide a new explanation of his relationships. It is an obvious progress for Zhen Yi to shift the focus from symptoms description to exploration of interpersonal relationships after the long-term psychotherapy. The findings of this research is partially in accordance with the findings of Brand, McNary, Myrick, Classen, Lanius, Loewenstein, Pain, & Putnam (2013), Fitzpatrick, & Stalikas (2008), and Greenberg (2012). Late in the therapy, Zheng had experienced less painful feelings and more positive emotions. The findings of this research also support the three mechanisms of change—affect, insight, and alliance—in psychodynamic therapy proposed by Messer (Messer, 2013).

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